

# FLORIDA TRAFFIC CRASH REPORT

## LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS  
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH		TIME OF CRASH		TIME OFFICER NOTIFIED		TIME OFFICER ARRIVED		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER <b>58434622</b>		
	COUNTY / CITY CODE		Feet or Miles		N S E W		CITY OR TOWN		(Check if in City or Town)		COUNTY		
	AT NODE NO. or		FEET / MILES		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES		ON STREET, ROAD OR HIGHWAY		
Section 1 Vehicle	AT INTERSECTION OF		or		FEET / MILES		N S E W		OF INTERSECTION OF				
	DRIVER ACTION		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER		
	1 Phantom 2 Hit & Run 3 N/A										STATE		
Section 2 Vehicle	VEHICLE IDENTIFICATION NUMBER		VEHICLE TRAVELING		ON		At		Est. MPH		Posted Speed		
	15		N S E W										
	EST. VEHICLE DAMAGE		1 Disabling 2 Functional 3 No Damage										
Section 3 Pedestrian	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE										
	INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other				
	OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
Section 4 Pedestrian	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
	DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH						
	DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		BAC TEST		3 Urine		
Section 5 Vehicle	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes 2 No		PLACARDED		1 Yes 2 No		RECOMMEND RE-EXAM		1 Yes 2 No		
	PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE		LOC.		INJ.		
	DRIVER'S PHONE NO.												
Section 6 Vehicle	DRIVER ACTION		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER		
	1 Phantom 2 Hit & Run 3 N/A										STATE		
	VEHICLE IDENTIFICATION NUMBER		VEHICLE TRAVELING		ON		At		Est. MPH		Posted Speed		
Section 7 Pedestrian	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE										
	INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other				
	OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
Section 8 Pedestrian	OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE						
	DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH						
	DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		BAC TEST		3 Urine		
Section 9 Code Information	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes 2 No		PLACARDED		1 Yes 2 No		RECOMMEND RE-EXAM		1 Yes 2 No		
	PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE		LOC.		INJ.		
	DRIVER'S PHONE NO.												
Section 10 Code Information	VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver Only)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE		
	01 Automobile 02 Passenger Van 03 Pickup/Light Truck (2 rear tires) 04 Medium Truck (4 rear tires) 05 Heavy Truck (2 or more rear axles) 06 Truck Tractor (Cab) 07 Motor Home (RV) 08 Bus 09 Bicycle 10 Motorcycle 11 Moped 12 All Terrain Vehicle 13 Train 77 Other		01 Private Transportation 02 Commercial Passenger 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 77 Other		01 Single Semi Trailer 02 Tandem Semi Trailer(s) 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 77 Other		1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown DL TYPE RACE 1 A 2 B 3 C 1 White 4 D/Chaufeur 2 Black 5 E/Operator 3 Hispanic 6 E/Oper-Rest 4 Other 7 None REQUIRED ENDORSEMENTS 1 Yes 2 No 3 NR		1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 90 Days) 6 Non-Traffic Fatality		1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending BAC Test Result SAFETY EQUIPMENT IN USE 1 Not in Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag 5 Safety Helmet 6 Eye Protection		
	LOCATION (In Vehicle)		1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial										

Section 3	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer																																																																																
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE																																																																																					
	VEHICLE TRAVELING N S E W	ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE																																																																																		
	INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER	VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other																																																																																		
	OWNER'S FULL NAME (Check if Driver)					CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																																																																															
	OWNER'S FULL NAME (Trailer or Towed Vehicle)					CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																																																																															
	DRIVER (Exactly as on Driver License) / Pedestrian					CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH																																																																															
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.																																																																											
	HAZARDOUS MATERIALS BEING TRANSPORTED	1 Yes 2 No	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative		DRIVER'S PHONE NO.																																																																																
	PASSENGER'S NAME (Additional on Continuation Page)					CURRENT ADDRESS		CITY & STATE / ZIP		AGE	LOC.	INJ.	S. EQUIP.	EJECT.																																																																											
#	PROPERTY DAMAGED - OTHER THAN VEHICLES					EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY	STATE	ZIP																																																																												
#	PROPERTY DAMAGED - OTHER THAN VEHICLES					EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY	STATE	ZIP																																																																												
CONTRIBUTING CAUSES - DRIVER / PED.															VEHICLE DEFECT															VEHICLE MOVEMENT															VEHICLE SPECIAL FUNCTIONS																																												
01 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic															1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 27 All Other (Explain)															01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)															1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All Other (Explain in Narrative)															01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering / Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn 11 Passing 12 Driverless or Runaway Veh. 77 All Other (Explain in Narrative)															1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
LOCATION ON ROADWAY															PEDESTRIAN ACTION															LOCATION TYPE																																																											
1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone															01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Other Working in Road 08 Standing / Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain)															1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 All Other (Explain)																																																											
FIRST / SUBSEQUENT HARMFUL EVENT															ROAD SYSTEM IDENTIFIER															LIGHTING CONDITION																																																											
01 Collision With MV in Transport (Rear-end) 02 Collision With MV in Transport (Head-on) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision With MV on Other Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train 15 Collision With Animal 16 MV Hit Sign/Sign Post 17 MV Hit Utility Pole/Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree/Shrubbery 23 Collision With Construction Barricade/Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object On Road 29 MV Ran Into Ditch/Culvert 30 Ran Off Road Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor/Trailer Jackknifed 34 Fire 35 Explosion 77 All Other (Explain)															01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike/Toll 07 Forest Road 77 All Other															01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 88 Unknown																																																											
CONTRIBUTING CAUSES - ROAD															CONTRIBUTING CAUSES - ENVIRONMENT															TRAFFIC CONTROL															SITE LOCATION															TRAFFICWAY CHARACTER																													
01 No Defects 02 Obstruction With / Without Warning 03 Road Under Repair / Construction 04 Loose Surface Materials 05 Shoulders - Soft / Low / High 06 Holes / Ruts / Unsafe Paved Edge 07 Standing Water 08 Worn / Polished Road Surface 77 All Other (Explain)															01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain)															01 No Control 02 School Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer / Guard / Flagman 09 Posted No U-Turn 10 Special Speed Zone 11 No Passing Zone 77 All Other (Explain)															01 Not At Intersection / RR X'ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private 11 Private Property 77 All Other (Explain)															1 Straight-Level 2 Straight-Upgrade / Downgrade 3 Curve-Level 4 Curve-Upgrade / Downgrade TYPE SHOULDER 1 Paved 2 Unpaved 3 Curb																													
Violator(s)	SECTION #	FL STATUTE NUMBER	NAME	CHARGE	CITATION #																																																																																				

# FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☐ CONTINUATION  
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS  
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

		COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
--	--	------------------	--	---------------	--	------------------------------	--	--------------------------	--

S e c t i o n	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	<input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer			
	TRAILER OR TOWED VEHICLE INFORMATION														
	VEHICLE TRAVELING ON At Est. MPH Posted Speed														
	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage														
	EST. TRAILER DAMAGE														
	INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER											VEHICLE REMOVED BY:		1 Tow Rotation List 3 Driver 2 Tow Owner's Request 4 Other	
	OWNER'S FULL NAME (Check if Driver) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE														
	OWNER'S FULL NAME (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE														
	DRIVER (Exactly as on Driver License) / Pedestrian CURRENT ADDRESS (Number and Street) CITY & STATE / ZIP CODE DATE OF BIRTH														
	DRIVER LICENSE NUMBER STATE DL TYPE REQ. END. BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None RESULTS AL/DRUG PHYS. DEF. RES RACE SEX INJ. S. EQUIP. EJECT.														
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No PLACARDED 1 Yes 2 No RECOMMEND RE-EXAM 1 Yes 2 No If YES, Explain in Narrative DRIVER'S PHONE NO.														
	PASSENGER'S NAME (Additional on Continuation Page) CURRENT ADDRESS CITY & STATE / ZIP AGE LOC. INJ. S. EQUIP. EJECT.														

		COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
--	--	------------------	--	---------------	--	------------------------------	--	--------------------------	--

S e c t i o n	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	<input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer			
	TRAILER OR TOWED VEHICLE INFORMATION														
	VEHICLE TRAVELING ON At Est. MPH Posted Speed														
	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage														
	EST. TRAILER DAMAGE														
	INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER											VEHICLE REMOVED BY:		1 Tow Rotation List 3 Driver 2 Tow Owner's Request 4 Other	
	OWNER'S FULL NAME (Check if Driver) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE														
	OWNER'S FULL NAME (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE														
	DRIVER (Exactly as on Driver License) / Pedestrian CURRENT ADDRESS (Number and Street) CITY & STATE / ZIP CODE DATE OF BIRTH														
	DRIVER LICENSE NUMBER STATE DL TYPE REQ. END. BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None RESULTS AL/DRUG PHYS. DEF. RES RACE SEX INJ. S. EQUIP. EJECT.														
	HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No PLACARDED 1 Yes 2 No RECOMMEND RE-EXAM 1 Yes 2 No If YES, Explain in Narrative DRIVER'S PHONE NO.														
	PASSENGER'S NAME (Additional on Continuation Page) CURRENT ADDRESS CITY & STATE / ZIP AGE LOC. INJ. S. EQUIP. EJECT.														

INVESTIGATOR - RANK AND SIGNATURE		ID/BADGE NUMBER	DEPARTMENT	FHP	SO	CPD	OTHER
-----------------------------------	--	-----------------	------------	-----	----	-----	-------



**NARRATIVE / DIAGRAM**  
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS  
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

HSMV 90005 (Rev. 1/95) S

DIAGRAM



INDICATE NORTH  
WITH ARROW

# FLORIDA TRAFFIC CRASH REPORT

## COMMERCIAL VEHICLE SUPPLEMENT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS  
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
------------------	--	---------------	--	------------------------------	--	--------------------------	--

DO NOT COMPLETE THIS FORM UNLESS ONE OR MORE QUALIFYING VEHICLES WAS INVOLVED, AND ONE OR MORE OF THE FOLLOWING OCCURRED:

1. ONE OR MORE PERSONS SUSTAINED A FATAL INJURY OR WAS TRANSPORTED FOR TREATMENT		2. ONE OR MORE VEHICLES WAS TOWED FROM THE SCENE		3. ONE OR MORE VEHICLES WAS PROVIDED ASSISTANCE	
--	--	--	--	---	--

**QUALIFYING VEHICLES**  
Trucks with 6 or more Tires ☐ Buses Designed To Carry 16 or more Persons ☐

**PERSONS**  
Sustaining Fatal Injuries ☐

**VEHICLES**  
Transported For Immediate Medical Treatment ☐ Provided Assistance or Towed From the Scene Due to Damage ☐

CARRIER'S NAME		SOURCE 1. Shipping Papers <input type="checkbox"/> 2. Vehicle Side <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>	
ADDRESS (Number and Street)		CITY	STATE ZIP
IDENTIFICATION NUMBERS: U S DOT		ICC MC NONE	
STATE NUMBER		STATE	
<b>GROSS VEHICLE WEIGHT RATING</b> Truck, Tractor or Bus Trailer or Trailers (Total) Total Number of Axles (Incl. Trailers)		<b>CARGO BODY TYPE</b> 1. Bus 2. Van/Enclosed Box 3. Cargo Tank 4. Flat Bed 5. Dump 6. Concrete Mixer 7. Auto Transport 8. Garbage or Refuse 9. Other	<b>VEHICLE CONFIGURATION</b> 0. Any 4-Tire Vehicle 1. Bus 2. Single Unit Truck (2 Axle / 6 or more Tires) 3. Single Unit Truck (3 or more Axles) 4. Truck with Trailer 5. Truck Tractor Only (Bobtail) 6. Tractor with Semi-Trailer 7. Tractor with Double Trailers 8. Tractor with Triple Trailers 9. Other - Unable To Classify
<b>SEQUENCE OF EVENTS (FOR THIS VEHICLE)</b> EVENT # 1 EVENT # 2 EVENT # 3 EVENT # 4 COLLISION INVOLVING: 11. Ran Off Road 12. Jackknifed 13. Overtaken or Rollover 14. Downhill Runaway 15. Cargo Loss or Shift 16. Explosion or Fire 17. Separation of Units 19. Other Events 21. Pedestrian 22. Motor Vehicle in Transport 23. Parked Vehicle 24. Train 25. Pedalcycle 26. Animal 27. Fixed Object 29. Other Object		<b>HAZARDOUS MATERIAL INVOLVEMENT</b> Did Vehicle Have a Hazardous Material Placard? 1. Yes 2. No If "YES", from Placard Indicate Name or 4-Digit Number From Diamond or Box 1 Digit Number From Bottom of Diamond Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No	

## DEFINITIONS

**TRUCK** — A MOTOR VEHICLE DESIGNED, USED OR MAINTAINED PRIMARILY FOR THE TRANSPORTATION OF PROPERTY. FOR THE PURPOSE OF THIS FORM THE VEHICLE MUST ALSO MEET ONE OF THE FOLLOWING CRITERIA:

HAVE AT LEAST 6 TIRES ON THE GROUND  
or  
CARRY A HAZARDOUS MATERIAL PLACARD

**BUS** — A MOTOR VEHICLE PROVIDING SEATS FOR 16 OR MORE PERSONS INCLUDING THE DRIVER AND USED PRIMARILY FOR THE TRANSPORTATION OF PERSONS.

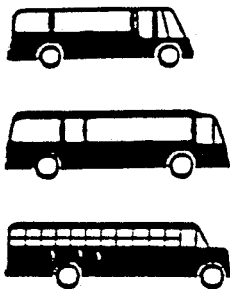
**TRAILER** — A NON-POWER VEHICLE TOWED BY A MOTOR VEHICLE.

**REPORTABLE CRASH** — A TRAFFIC CRASH REQUIRED TO BE REPORTED IN WRITING BY A LAW ENFORCEMENT OFFICER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES INVOLVING ONE OR MORE TRUCKS OR BUSES (AS DEFINED ABOVE) WHICH RESULTS IN:

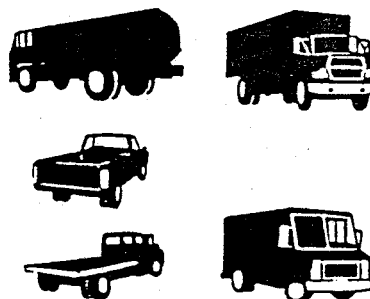
- ONE OR MORE FATALITIES
- or
- ONE OR MORE NON-FATAL INJURIES REQUIRING TRANSPORTATION FOR THE PURPOSE OF OBTAINING IMMEDIATE MEDICAL TREATMENT
- or
- ONE OR MORE OF THE VEHICLES BEING REMOVED FROM THE SCENE AS A RESULT OF DISABLING DAMAGE
- or
- ONE OR MORE VEHICLES REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

## TYPICAL VEHICLE SILHOUETTES

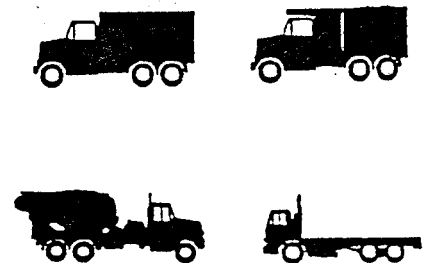
1. BUS



2. SINGLE UNIT TRUCK - 2 AXLE / 6 TIRE



3. SINGLE UNIT TRUCK - 3 AXLE



4. TRUCK WITH TRAILER



5. TRUCK TRACTOR (BOBTAIL)



6. TRACTOR WITH SEMI-TRAILER



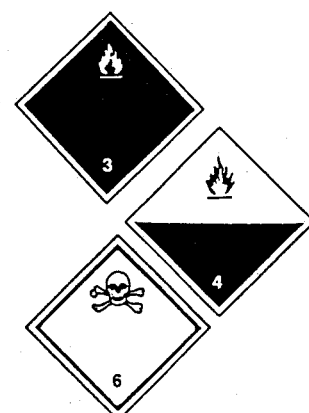
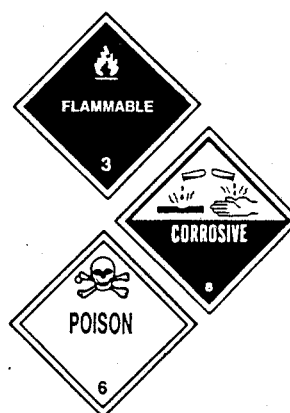
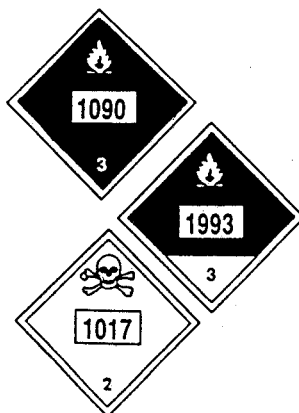
7. TRACTOR WITH DOUBLE TRAILERS



8. TRACTOR WITH TRIPLE TRAILERS



## TYPICAL HAZARDOUS MATERIAL PLACARDS



---

Florida Department of Highway Safety and Motor Vehicles  
Neil Kirkman Building, M.S. 04  
Tallahassee, FL 32399-0500